



## *President Obama Signs the Healthy, Hunger Free Kids Act*

*Sandi Fry, Vendor Manager*

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President Obama signed the *Healthy, Hunger Free Kids Act* of 2010 December 13 at an elementary school in Northwest Washington, DC. Both the President and the First Lady made remarks prior to the signing ceremony.

The President's signature on the legislation brought a close to eighteen months of legislative highs and lows for the WIC community and friends in the public health nutrition, faith-based and anti-hunger advocacy communities as together they sought to improve the nutritional health and well-being of the nation's children.

Some highlights of the legislation, summarized by the National WIC Association are:

- Improves access for children by allowing states to elect to certify children up to one year, provided that participant children receive required health and nutrition assessments;
- Strengthens support for breastfeeding by inserting "breastfeeding support and promotion" in parallel with references to "nutrition education" in the legislation;
- Requires the Secretary of USDA to annually compile and publish performance measurements based on program participant data on the number of partially and fully breast-fed infants for each state and local agency;
- Recognizes exemplary breastfeeding support practices at local agencies or clinics and provides performance bonuses to not more than 15 State agencies demonstrating the highest proportion of breast-fed infants, or the greatest improvements in the proportion of breast-fed infants;
- Requires review of the WIC food packages as frequently as determined by the Secretary of USDA to reflect the most recent scientific knowledge, but not less than every 10 years;
- Requires all states to implement electronic benefits transfer (EBT) systems unless exempted, by Oct 1, 2020;
- Requires that authorized stores demonstrate EBT capability;
- Requires the Secretary of USDA within two years after enactment, to establish a Universal Product Codes (UPC) Data-Base;
- Requires USDA to coordinate with the FDA and EPA to determine safe levels of mercury in foods provided through WIC and the Child Nutrition Programs, issue guidance and provide technical assistance to assure safe levels; and
- Prevents states from imposing system or equipment costs on vendors.

## *Observations from Certified Breastfeeding Educator Training*

Karla Harter, RN from N.E.K. Multi-County Health Department (Brown County) had these observations.

The two sessions I enjoyed the most were Special Infant Situations and Nursing the Older Child. I made copies of the anticipatory guidance for fussiness “hurdles” to use with our breastfeeding moms. I think if moms understand ahead of time that the infant becomes more alert (and fussy) after the first three days (which also coincides with maternal hormone shifts) they will be less apt to blame themselves for a crying baby. It is also important for the family to understand when growth spurts occur, thus explaining why the infant will normally want to feed more often. When moms and families understand this fact, there will be less interpretation of the change as mom is “losing her milk.”

I tremendously enjoyed the section on feeding the older child. I nursed my youngest son for more than two years and remember vividly every single topic that was covered in this session. I think it is important for our moms to understand it is entirely possible to continue nursing after six months or after one year! I want them to understand that nursing has no time limit and can go on as long as baby and mom so choose.

I could name many other sessions that I benefitted from, but quite honestly there was not a single session in which I did not learn something. With that being said, I will use all of this valuable material to go forward with starting a Breastfeeding Peer Counselor Program, and I have been asked to present a monthly informative breastfeeding class at the Kickapoo Tribal Office.



Observations by Connie Zeit, RN from N.E.K. Multi-County Health Department (Atchison County).

I would like to thank WIC Services for supporting my attendance at the Certified Breastfeeding Educator Training in Shawnee KS. Debi Leslie Bocar, RN, PhD, IBCLC, shared significant benefits of breastfeeding. Dr. Bocar presented various strategies to encourage mothers to breastfeed and how we can assist families with breastfeeding challenges, emphasizing the importance and benefits to mom and baby. Two phrases repeated throughout the conference were, “Feed the Baby” and “Breast is Best”.

Promoting Breastfeeding in the Prenatal Period addressed different ways to approach clients. Different strategies were discussed to encourage clients to express their concerns. If we can promote the importance and benefits of breastfeeding to our pregnant WIC clients, it might encourage them to consider why “Breast is Best.”

Dr. Bocar also presented various resources for breastfeeding educators. Our health department is currently working on providing a breastfeeding room with a peer counselor available or a Certified Breastfeeding Educator to assist clients with any concerns and assist with any challenges that might arise.

We also are planning on working with our local hospital in hopes to promote breastfeeding during the prenatal stages and directly after delivery. If we can provide information and relieve the client from any concerns and challenges, benefits may be recognized. Our goal is to increase awareness of breastfeeding benefits and support all families working towards providing the best care possible.

## *End of Month Procedures*

*Brad Iams, Vendor Manager*

There are several useful reports in the KWIC system that can help Local Agency staff understand and organize their daily, weekly and monthly happenings in the WIC program. When KWIC first rolled out many years ago the State Agency created an End of Month procedure checklist for Local Agency staff to follow. Over the past several years there have been many new versions of KWIC that have rolled out and that initial list has become somewhat obsolete. State Staff have taken the time to update that list for your use. Below is a list of procedures that should be completed at the end of every month to make sure your WIC program is operating as smoothly and efficiently as possible. Larger agencies may need to run some of the following reports more frequently than once a month. New policies and procedures will be revised in the near future to ensure this will become the norm for all Local Agency WIC programs! The following list is not all inclusive but should provide a good foundation for month end procedures.



### **Client Services**

#### ***Reports to Run in Client Services***

- 1. Caseload Summary** – Running this report on a monthly basis will allow you to track your participation on a monthly basis to see if you are gaining or losing participants. A reduction in participation will have an effect on your funding and will determine your outreach activities.
- 2. No Show & No Rescheduled Appointment Report** – This report may need to be run weekly for larger agencies. The report will provide you with information on the clients that have missed their appointments and do not have a rescheduled appointment. The list can be used to contact clients to get them a new appointment. This will help lower your No Show rates which will in turn raise your participation, which could help raise your funding level.
- 3. Processing Standards Detail Report** – This report allows you to select a timeframe and generate a list of clients who had an appointment outside of processing standards and the reason why. Running this report on a monthly or even weekly basis will show you whether or not your WIC clinic is within processing standards. Then you can determine if more staff is needed or just more staff time to get within processing standards.
- 4. Certification Ending Report** – This report will list the clients whose certification is ending in the month of the report. It will show you when the client's last completed appointment was. You can then determine if the client has been recertified during the month of the report or if the client needs to be recertified so there is no break in service.
- 5. Clinic Actions Report** – This report will detail key contacts you had with clients during the report month. It will allow you to monitor your actions to see if you are completing all of the key components of a WIC certification. It will also allow you to see how many new certifications, mid certifications and recertifications you had during the report month.
- 6. Referrals To and From Report** – Running this report will let you know if you are documenting referrals in KWIC properly. It will also tell you if you are making referrals to programs other than the four mandatory referrals. When you run the report and it shows that you are not making many referrals you can say "I need to do better" or you can say "I know I make those referrals." In the latter case you would know that you need to document referrals better.

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*End of Month Procedures, continued*

- 7. Potential Dual Participants Report** – This report will show if you have any unresolved potential dual participants on your program. Ideally this report would always be blank, but if there is a client on the report then you will need to resolve the situation.
- 8. Nutrition Risk Factor Report** – This report will show the types and frequencies of risk factors you are assigning for each category of your participants. This will give you an idea of the risk factors you assign the most.
- 9. Caregiver Complaints Pending Report** – This report will show if you have any complaints in the KWIC system against a caregiver that have not been resolved. You can then go into complaints management and select a resolution for the complaint.
- 10. Staff Complaints Pending Report** – This report will show if you have any complaints in the KWIC system against a staff person that have not been resolved. You can then go into complaints management and select a resolution for the complaint.

*Clinic Administrative procedures to complete in Client Services:*

- 1. No Show Management** – All clinics should complete No Show Management at the end of every week or at the end of every clinic day. This will let you stay ahead of the clients who missed their appointments and will let you send them a letter or a reminder call to reschedule an appointment. Lowering your No Show rates will raise your participation rates which could impact your funding level.
- 2. Class Management** – All clinics who provide classes to their clients should complete Class Management at the end of every completed class to make sure attendance is documented properly.

**Local Vendor Management***Reports to run in Local Vendor Management*

- Vendor Complaints Pending Report** – This report will show if you have any complaints in the KWIC system related to a vendor that have not been resolved. You can then go into complaints management and select a resolution for the complaint.

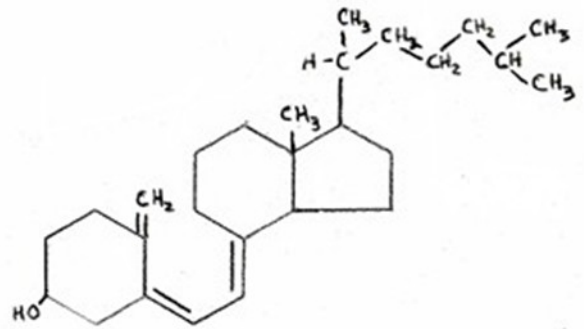


## Vitamin D

*Sandy Perkins, MS, RD, LD, CBE*

It seems like every time I read a journal or the newspaper there is another article on vitamin D. It is being touted as the way to prevent just about every disease, including cancer, dementia, depression, diabetes, heart disease, insomnia, multiple sclerosis, osteoporosis and psoriasis to name a few. I admit that I get skeptical when I hear claims that a nutrient is good for all that ails us, but I thought a brief review of vitamin D would be interesting.

Vitamin D is the general name given to a group of fat-soluble compounds that are essential for maintaining the mineral balance in the body. While vitamin D is best known for its role in calcium metabolism and bone health, new roles are continually being discovered for it, including roles in mental health, blood sugar regulation, the immune system and cancer prevention.



Despite its name, vitamin D isn't really a vitamin. A vitamin is a compound that is required for good health, but cannot be synthesized by the body. In fact, humans get only a small portion of their vitamin D from dietary intake. The rest of our vitamin D is made in the skin by the action of ultraviolet B light (UVB) from the sun on a cholesterol derivative. Standard modern advice, including avoid the sun, always wear sunscreen, eat a low-cholesterol diet, and take cholesterol-lowering drugs pave the way for widespread vitamin D deficiency. It has been estimated that three out of four Americans are deficient in vitamin D, which has increased from one out of two twenty years ago.



Exposure to vitamin-D-producing UVB light can vary greatly depending upon many factors, including time of day and year; and the latitude, altitude and prevailing weather conditions of where we live. Latitude is especially important. For example, if you live north of about 37° (roughly, a line from Richmond to San Francisco), you will be exposed to little UVB from at least November through February because the sun's zenith angle is so low that the atmosphere absorbs most UVB before it reaches you.

It is not only how much sunlight we get, our skin color also has a dramatic effect. One study found that about 85 percent of African-Americans were vitamin D deficient as compared to about 35 percent of whites. The darker the skin, the harder it is to make vitamin D because the skin pigment acts as a natural sunscreen.

There are only a few foods that are naturally good sources of vitamin D. Sources that are commonly consumed in Kansas include salmon, tuna and eggs. Most people rely on fortified foods as their main dietary source of vitamin D. Commercial milks are fortified with vitamin D. Other foods that may be fortified with vitamin D include certain brands of orange juice, cereals and other grain products. Although milk is fortified with vitamin D, other dairy products, such as cheese, yogurt and ice cream are generally not fortified.

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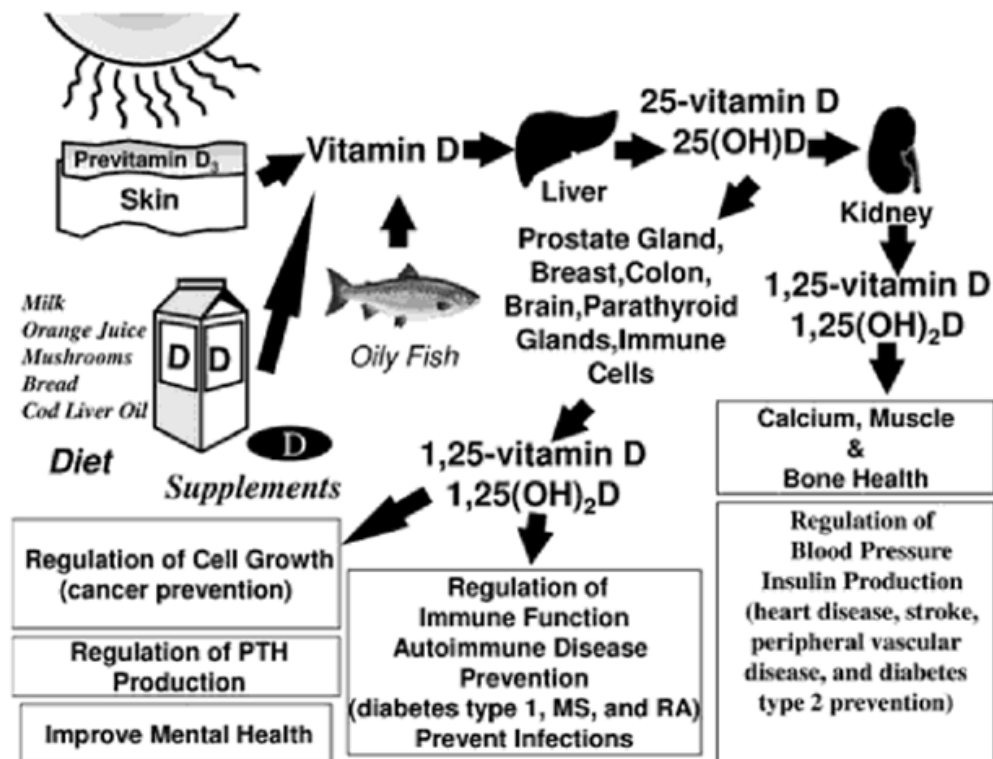


### *Vitamin D, continued*

Given the barriers to getting an adequate amount of vitamin D exclusively from sunlight or diet, a three prong approach, combining sunlight, diet and supplements seems to be the best tactic. The Institute of Medicine (IOM) has recently released the new recommendations for the dietary intake of vitamin D. The IOM now recommends that infants get 400 IU/day. Children and adults up to 70 years old need to consume 600 IU/day; this includes pregnant and lactating women. Adults over 70 years old need 800 IU/day. However, many researchers believe that these recommendations are not high enough.

Note that one cup of fortified milk has 100 IU vitamin D. To meet these recommendations from food alone, people need to consume the equivalent of 1 cup milk (100 IU), 3½ oz of salmon (360 IU) and 3 oz tuna (200 IU) every day. Since this is not the typical American diet, a supplement is frequently recommended to insure adequate intake.

I would like to conclude with this simple illustration from the book *The Vitamin D Solution: A 3-Step Strategy to Cure Our Most Common Health Problem* by Michael F. Holick, PhD, MD, which I believe nicely sums up the Vitamin D story.



## *Report from the 2010 National WIC Association (NWA) Nutrition and Breastfeeding Conference*

Submitted by Susan Lukwago, PhD, RD, LD, CBE who works in multiple counties in southwest Kansas.

Day one, the **opening Keynote was by Laurence Grummer-Strawn, PhD who is the Chief of the Nutrition Branch at the Centers for Disease Control and Prevention (CDC). He talked about a mother's breastfeeding (bf) support team.** This included a review of the 2010 Surgeon General's call to action regarding breastfeeding. We have met the bf initiation goals of 75 percent but duration has shown no improvement. The Affordable Care Act (aka healthcare reform) has provisions for break time for nursing mothers and it is in effect NOW. We want WIC to be known as the place you go to get bf support not just checks.

**Family Fun and Fitness with Regie and the Veggies** was next. They are from the Oklahoma WIC Program and they were lots of fun. Family Fun and Fitness is a lesson for children and their caregivers. It seems to get everyone moving and we each had a DVD in our registration bags.

I attended **Baby Behavior 101: Improving bf rates by teaching parents to better understand their infants' behavior**, presented by Ms Jane Heinig. Why does bf end so fast? Because of pain, yes, but the majority of the time mothers state that they have insufficient milk and/or the baby is not getting satisfied with breast milk. So we ask, how do you know the baby is not satisfied? Because my baby cries and wakes up at night ... that is how I know. Our job is to help mothers understand that babies may want to eat every two hours, but some crying and waking up at night are not always hunger cues especially right after a baby has fed for an appropriate time and amount.



Next Dr. Laurence Grummer presented **Obesity in preschoolers and their moms: what's happening and where are we going?**

The CDC has six priorities to address this epidemic: i) decrease sugar-sweetened foods; ii) decrease television viewing time; iii) decrease high energy/low nutrient density foods; iv) increase fruit and vegetable intake; v) increase bf rates and vi) increase physical activity. Any surprises? What was interesting is the

United States is going to use World Health Organization (WHO) growth charts for birth to 2 years old and switch back to the CDC growth charts after age 2. The WHO guidelines start off with a healthy bf infant which is what we want, and then after 2 years the difference between the CDC and WHO growth charts is negligible.

The last session on your RD's Tuesday agenda was **Peer-counseling strategies and assessment tools** featuring **The power of peer counseling (PC) groups** (Laurie Haessly) and **How IBCLC's can work effectively with PC programs** (Jeanette Panchula) and **Evaluation tool for PC program strategies – making your work effective** (Jennifer Goldbronn). I learned that peer groups for peer counseling are powerful. For many of us, the peer counseling mostly occurs between the counselor and the client. One of the presenters had groups that were only for exclusively bf mothers ... and they work! They also found that prenatal groups were most effective for promoting bf duration than individual counseling. Those who continued in a post-partum bf group were also less likely to have bf complications.

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*Report from the NWA Nutrition and Breastfeeding Conference, continued*

The second day Yvette LaCoursiere, MD started with one of the very best sessions of the conference. She presented the **2009 Institute of Medicine (IOM) Report on the new pregnancy weight gain guidelines**. a) Did you know that for most women, birth weight is most correlated with second trimester weight gain? The exception is with Hispanic women whose gain is about the same through the whole pregnancy. b) We never recommend no weight gain, even in overweight pregnant women. Some weight gain must occur to prevent ketosis in the mother and potential neural developmental problems in the fetus. c) Multiple c-sections increase the risk of placenta accreta, which is when the placenta goes through the uterus.



Next Cathy Carothers (we should all be very familiar with who she is ... eat, pray, love breastfeeding) had an excellent session on **Returning to exclusive breastfeeding after getting sidetracked**. The highest risk time for supplementation at the hospital is between 7 pm and 9 pm. We need to help healthcare providers move from viewing formula as a solution. Ms. Carothers recommended a book called “Breastfeeding mother’s guide to making more milk.” When mothers feel like they are not making enough milk, have them pump it so they can actually see it.

Another excellent session at this conference was: **Tapping into the power of influence** by Pam McCarthy, Connie Merriman and Debi Tipton. They talked about how the Chickasaw Nation (CNWP) WIC Program implemented changes through the “Power of Influence” principles. The six principles are i) Liking, which the CNWP implemented by putting up posters about the staff around the clinic. ii) Consensus, which the CNWP implemented by recording and playing - in the waiting room - testimonials from other clients. iii) Reciprocity which is manifested by giving our clients gifts like full attention, solutions, laughter, respect, empathy, encouragement, so that hopefully they will reciprocate with their attention and respect to us. iv) Consistency means that as humans we like to be consistent: mostly if we say we are going to do something, we will make the effort to do it. So let clients state what their goals or desired behavior changes are, expect that is what they will do and it will increase the likelihood that they will at least try to do it ... as opposed to blow it off. v) Authority, which was implemented by asking staff to pay attention to how we address each other ... “the girls” versus “the nurse” or actual name. vi) Scarcity which means to pay attention to how we frame loss. For example, when a client states she does not want to bf, remind her that this is a once in a lifetime opportunity to do this for her child ... something only she can do. The session was accompanied with video vignettes that showed how not to do something – in some cases it was the way we always do it – and then a vignette showing implementation of the principle. We also saw feedback about how the clients like the changes and how the staff liked the changes. It seemed to be work/life changing all the way around. My description does not do this session justice. It was great!

On the final day I had a chance to moderate a session entitled **What do we know about food habits and the new WIC food packages**. At least two entities are evaluating clients’ responses to the new food packages. A lot of pre and post data has been collected. However there has not been enough time to analyze the post data; it seems that clients are pleased with the fruits and vegetables and using that part of the voucher. Beans and peanut butter are not always redeemed on the vouchers ... any thoughts as to why this might be?

The closing session was done by Douglas Greenaway, President and CEO of the NWA. His topic was **Why you shouldn’t take no for an answer** and it mostly addressed our relationship with legislators.

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*Report from the NWA Nutrition and Breastfeeding Conference, continued*

Jan Albrecht, RD, LD, CBE of Saline county had these observations.

This is a summary from the session **Knowledge Isn't Enough: What's Holding WIC Moms Back from Breastfeeding** presented by Marsha Walker, RN, IBCLC.

WIC staff understand many barriers to exclusive breastfeeding, including: mothers don't know or value the WIC food package; they don't understand the importance of exclusive breastfeeding; mothers don't understand the risk of formula supplementation on lactation, the health of the baby and the health of the mother; and contradictory messages about exclusive breastfeeding.

Maternal intention is a large predictor of both breastfeeding duration and early weaning. When we hear "maybe I'll try" it is especially important for us to help a mom believe she will be able to succeed. One way is to help her visualize how it will work with statements like "tell me how you'll breastfeed" and "who will you contact with questions?" The mom needs life coaching with stories to help her see how this will work for her. The speaker stated that stories carry more weight than statistics—that anecdotes override science, because stories are more vivid and easier to process than hard data.



In order for us to help our mothers, we need to make sure they have early phone or home visits after they deliver. They need help with solving breastfeeding problems right away without the use of formula. We need to give them advice on how to continue to exclusively breastfeed while working and nursing in public. It is important to make sure they get immediate assistance if they have pain. The speaker also believes incentives for exclusively breastfeeding mothers give the message that WIC values breastfeeding.

The speaker emphasized that our language can make all the difference for our clients. Some of the suggestions include: "The most important food package for your baby is your priceless breast milk;" "Giving you support to exclusively breastfeed now will give you many more options later;" and "Let's make short-term goals, how about breastfeeding for one week at a time?"

She also encouraged staff to help the mother make a hospital breastfeeding plan. Educating mothers about feeding within one hour of birth, rooming in, limiting visitors, avoiding bottles and pacifiers and feeding eight to twelve times in 24 hours on cue will increase their success with nursing.



The speaker noted many mothers do not call for help and it is important for WIC to initiate contact soon after hospital discharge and remind them "we will be here to help you." She also strongly encourages group-based education over individual education, especially in the form of support groups.

## *New Component Added to Kansas Tobacco Quitline*

*Julie Ornelas, RD, LD, CBE*

The Kansas Tobacco Quitline (1-800-QUIT-NOW) recently added an online component, Web Coach, to the phone-based tobacco cessation counseling services. The toll-free Quitline provides counseling and support materials based on individuals' readiness to quit. Web Coach is designed to complement and enhance the phone-based counseling sessions with interactive features and social forums.

The information and tools on Web Coach support participants throughout the quitting process—from making the decision to quit to preventing relapse. Since each person has different support needs and learning styles, the site blends information with social interaction and self-management tools.

Continue to refer appropriate clients to the Kansas Tobacco Quitline to assist in their tobacco cessation efforts.

## *Send in Your Nutrition Education Activities*

We are interested in the creative activities local agencies have developed for nutrition education. We would like to feature your creativity in our newsletter. Please send photos and descriptions of your activities to [jornelas@kdheks.gov](mailto:jornelas@kdheks.gov). If clients are included in your photo, we must obtain a signed release from the client/caregiver in order to share their photo.

## *How Does Your Clinic Measure Up?*

*Patrice Thomsen, MS, RD, LD, CBE*

Here are some common findings from Management Evaluations and Local Agency questions. Read them and see how your agency measures up.



### **Referrals**

**Observation:** “Referred” is marked in KWIC when a staff member assesses if the client is already enrolled in TAF and if the client is not, staff members were observed clicking “Referred” but there was never an actual referral made to the program. (Note that TAF is just the example used here.)

**Correct Procedure:** It is important that when “Referred” is marked in KWIC that a verbal referral is provided to the client. It is not sufficient to just hand out a Local Resource List with the contact information. It can be simply to explain a bit about what the program is and a statement such as, “See here on this list is where you would apply for TAF.” (It is great to provide more information if the client is interested and you have more details.) If you are not providing a Local Resource List to the client, a simple statement of “This Health Department is an SRS access point so if you do want to apply (or re-apply if your situation changes) you can come back here.”

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### *How Does Your Clinic Measure Up, continued*

**Question:** What should we put in KWIC if the client has already applied and does not qualify?

**Answer:** Use a simple statement such as, “So if your situation changes and you might be eligible, do you know how to apply again? If not, here it is on this list.” Then mark “Referred” in KWIC. Use “Applied” if they have applied and the result is not known.

**Question:** What if the client is barely income eligible for WIC and we know they would be over-income for TAF?

**Answer:** Explain that based on how WIC figures income, they are likely over-income for TAF. But offer the contact information if they would like to be sure or if their situation changes. Then mark “referred” in KWIC.

**Question:** What if the client is just not interested and has never applied?

**Answer:** Say something like “If you change your mind, this list shows where you can apply.” Then mark “Referred” in KWIC.



**Question:** So when do I ever use the “Not Applicable” response in KWIC?

**Answer:** “Not Applicable” indicates the service is not applicable to the client. For instance, Not Applicable would be appropriate for Child Support Enforcement when a woman is married to the father of her child.

See Policy: CRT 08.02.00 Medical and Social Service Referrals.

[http://www.kansaswic.org/manual/CRT\\_08\\_02\\_00\\_Medical\\_and\\_Social\\_Service\\_Referrals.pdf](http://www.kansaswic.org/manual/CRT_08_02_00_Medical_and_Social_Service_Referrals.pdf)

### **Nutrition Education on Time Studies/Time Sheets**

**Observation:** Only nurses and dietitians have time studies/time sheets with “Nutrition Education” time. The clerk is talking with clients as the interactive portion of most interactive nutrition centers.

**Answer:** No matter what the WIC staff role, time spent preparing, providing, and documenting nutrition education should be counted as “Nutrition Education” on time studies/time sheets. (Similarly, record work doing breastfeeding promotion and support, as “Breastfeeding”.)

A clerk may do lots of things that contribute to nutrition education and should be so counted, e.g., setting up an interactive nutrition education center, helping the RN or RD develop a center, helping develop and implement a special education event. See the policy ADM 02.03.03 Local Agency Time and Effort for a long list of activities that should be counted as nutrition education.

[http://www.kansaswic.org/manual/ADM\\_02\\_03\\_03\\_Local\\_Agency\\_Time\\_and\\_Effort.pdf](http://www.kansaswic.org/manual/ADM_02_03_03_Local_Agency_Time_and_Effort.pdf)

## KWIC Reports, Part IV

Sandi Fry, Vendor Manager

There are about 50 reports in the Client Services application of KWIC. Throughout the next several newsletters, I will go through the list and summarize what each report provides. Some reports will be recommended for monthly review and some reports will note they should not be used. This fourth installment will cover the next seven reports in the Reports menu in Client Services.

**Ineligible WIC Clients Report** – This report provides a list of clients who received certifications but were determined to be ineligible to receive services. The report lists the Caregiver name, Client Name, Category, Race, Hispanic, Date of Ineligibility and Ineligibility Reason. It is sorted alphabetically by the caregiver's last name.

**Interpreter Report** – The report that prints can be used as a form for scheduling translators for clients who have special language needs. The report lists all appointments within the report date range that do not have an outcome where the client needs an interpreter. The Interpreter Report is grouped and sorted by language, and sorted by appointment date and time within each language.

Interpreter Report									
<b>Kansas WIC Program</b> <b>Interpreter Report</b> All appointments for Shawnee Co WIC Clinic Dec 09, 2010 to Dec 10, 2010									
<u>Spanish</u>									
Scheduled	Interp. Name/Phone #	Caregiver	Client	Date	Time	Dur	Type	Role	
<input type="checkbox"/>		Baron, Michelle	Baron, Michelle Spanish - Spanish	12/09/2010	11:15 am	15	NE+	NE+	
				12/09/2010	11:15 am	15	NE+	NE+	
<input type="checkbox"/>		Medina, Ana Maria, M.D.	Medina, Ana Maria, M.D.	12/09/2010	02:30 pm	15	F/U	Triage	
				12/09/2010	02:30 pm	15	NEI	Triage	
<input type="checkbox"/>		Goodman, Patricia A.	Goodman, Patricia A.	12/10/2010	09:00 am	15	NE+	NE+	

There is an empty box located under the Scheduled column. This box can be used to indicate that the interpreter has been scheduled for the appointment. The report also has a column called Interp. Name/Phone # which prints no information. The Interpreter's name and phone number can be written in this column.

**No Show and No Rescheduled Appointments Report** – This report lists all clients who missed an appointment on a selected day or date range. For all appointments missed during the selected date range, the caregiver contact information, the client name(s), category, appointment type, appointment date and time, as well as a place for handwritten notes will be listed. The report is sorted alphabetically by the caregiver's last name.

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*KWIC Reports, Part IV, continued*

**No Show Rates Report** – This report can be used to manage caseload and appointment scheduling at the clinic or agency level. This report counts the number of appointments for each appointment type for a given month then calculates the no show rate for each appointment type.

**Nutrition Education Contact Report** – This report compares the number of nutrition education contacts completed during a certification period to the months of issuance received. This is a monitoring report. For all certifications ending in the report month, the report will list all clients who had less than two nutrition education contacts and at least five months of issuance during their certification period.

**Nutrition Education Provided Summary Report** – This report displays how often education topics are used and how many clients attend types of classes. There are two sections to this report.

**Topics Discussed** – This section lists all active topics in the system for the report period and a count of how many times the topic was assigned to a client record.

**Nutrition Education Classes** – This section lists all active class types in the system for the report period. For each class type, the report shows the number of scheduled classes for the period and the total number of clients who attended those classes.

**Nutrition Risk Factors Report** – This report provides information on the types of nutritional risk factors assigned to the selected clinic or agency's participating client caseload. This report lists the Nutrition Risk Factors associated with a client category, and the number and percent of clients documented with each risk factor.





## Nutrition and WIC Services

*Kansas Department of Health and Environment*

*Nutrition and WIC Services*

*1000 SW Jackson, Suite 220*

*Topeka, Kansas 66612, 1274*

*Phone: 785-296-1320*

*Fax: 785-296-1326*

**264-19**

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**WE'RE ON THE WEB!**  
**WWW.KANSASWIC.ORG**

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Growing healthy Kansas families

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*Sam Brownback, Governor. Robert Moser, MD, Acting Secretary.*

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Our Vision: Healthy Kansans living in safe and sustainable environments

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## *Local Agency News*

### **We welcome these new WIC employees:**

Barton County, Yesenia Garcia, Clerk  
Butler County, Kim Morckel, RN  
Johnson County, Johanna Gillespie, Clerk  
Leavenworth County, Amy Tollefson, Clerk  
Lyon County, Jane Freyenberger, RD  
Nemaha County, Nicole Keim, RN  
Riley County, Rebecca Richardson, RD

Riley County, Khristi Shell, Clerk  
Scott County, Elizabeth Lewis, Clerk  
Sedgwick County, Maria Garcia Escalante, Clerk  
Shawnee County, Alba Blocker, BFPC  
Shawnee County, Kathy Summers, RD  
Wyandotte County, Alisa Funk, RD  
Wyandotte County, Blakely Powell, RD

**Congratulations to:** Linda Timme, RD, Crawford County, on the birth of her grandson, Gunner Lee

### **We say goodbye to these WIC friends:**

Butler County, Christi Landrum, RN  
Johnson County, Sylvia Cannon, Clerk  
Lyon County, Dee Leary, RN  
Nemaha County, Ellen Hertzell, Clerk  
Riley County, Becky Snyder, Clerk

Scott County, Shelly Emahizer, RN  
Scott County, Rhonda Hudson, Clerk  
Sedgwick County, Edith Silva, Clerk  
Sheridan County, Melanie Cooper, RN  
Wyandotte County, Amy Hapgood, RD